

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019379

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 14

FILED MAY 31 1962

1. PLACE OF DEATH

a. COUNTY Johnson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Washington

Length of stay in lb
2 Years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION USAF
Hospital Whiteman AFB, Mo

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Johnson

c. CITY OR TOWN Whiteman AFB, Missouri

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
331 East Altus Circle

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First RICHARD

Middle ELROY

Last EAST

4. DATE OF DEATH

Month May

Day 19

Year 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

13 Dec 27

9. AGE (last birthday)

34

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Military

10b. KIND OF BUSINESS OR INDUSTRY
USAF

11. BIRTHPLACE (City and state or country)
Gillespie, Illinois

12. CITIZEN OF WHAT COUNTRY
U.S.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Mary E. (Unknown)

14. NAME OF HUSBAND OR WIFE

Lalana East

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, unknown) (If yes, give war or dates of service)
Yes Present

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Military Records, Whiteman AFB, Missouri

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute myocardial infarction, posterior wall Type

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Thrombosis of circumflex branch of left coronary artery

DUE TO (c) Coronary arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour 7:45 a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 15 May 62 to 19 May 62 and last saw him alive on 19 May 62
Death occurred at 7:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

LAWRENCE L ALLEN
Lawrence L. Allen

(Degree or title)

M.D.
M.D.

22b. ADDRESS

Whiteman Air-Force Base, Missouri

22c. DATE SIGNED

19 May 62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
5/21/62

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State)

Gillespie, Illinois

24. FUNERAL DIRECTOR

ADDRESS

Sweeney-Phillips, Warrensburg, Mo.

25. DATE RECD. BY LOCAL REG.

May 20-62

26. REGISTRAR'S SIGNATURE

Erma L Beatty

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Knot Master, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.